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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of:
Jones et al.

U.S. Application No.: 09/646,715

Filing Date: 16-Nov-00

Title: Hydrophobically Modified
Polymers For Water Control

§ Docket No.: 57.0272PCT/US

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Group Art Unit: 1713

Examiner: Lipman, Bernard

**AMENDMENT AND RESPONSE TO
OFFICE ACTION DATED 20 MAY 2003**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 20, 2003, please amend the above-identified application as follows. Reconsideration of the application is respectfully requested. A request for a one-month extension of time is included herewith.

ELECTION

Applicants elect to prosecute the species described in claims 29 and 34-38.



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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/646,715
	Filing Date	November 16, 2000
	First Named Inventor	Timothy Jones
	Group Art Unit	1713
	Examiner Name	Lipman, B.
Total Number of Pages in This Submission	Attorney Docket Number	57.0272PCT/US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Self-addressed, return postcard Complete Set of Claims
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Stephen Schlather
Signature	
Date	July 10, 2003

CERTIFICATE OF MAILING			
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